DLN: 93493316010655

OMB No 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Open to Public

riterriar	ceveride dervide	J			Inspection
		lendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization			
_	ck if applicable ress change	AMERICAN GAS ASSOCIATION			entification number
_	ne change	Doing business as		13-043159	0
_	al return	Doing business as			
Fına		Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone nur	nber
_	rn/terminated	400 NORTH CAPITOL STREET NW NO 450		(202)824-	7255
_	ended return lication pending	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001		G Gross receipts	\$ 35,577,979
•		F Name and address of principal officer	H(a) Is th	ıs a group retur	n for
		DAVID K MCCURDY 400 NORTH CAPITOL STREET NW NO 450		rdinates?	┌ Yes 🗸 No
		WASHINGTON, DC 20001	H(b) Are a	all subordinates	┌ Yes ┌ No
Tax	-exempt status	501(c)(3)	ınclu Tf"N		(see instructions)
	·				
		WW AGA ORG	1	up exemption nu	
		Corporation Trust Association Other	L Year of fo	mation 1971	State of legal domicile D
Par		lmary lescribe the organization's mission or most significant activities			
	3 Number 4 Number 5 Total nu	his box if the organization discontinued its operations or disposed of of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) imber of individuals employed in calendar year 2014 (Part V, line 2a) .		. 3 4 5	3 8
		imber of volunteers (estimate if necessary)		6	5,54
		related business revenue from Part VIII, column (C), line 12 elated business taxable income from Form 990-T, line 34		7a	1,082,04 547,56
-		· · · · · · · · · · · · · · · · · · ·	1	or Year	Current Year
۱ ۵	8 Contr	ibutions and grants (Part VIII, line 1h)		0	(
Havenue		am service revenue (Part VIII, line 2g)		55,985,017	29,424,03
호		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,554,772 898,524	1,067,464 1,168,37
		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
		a and amples amounts paid (Dayt IV column (A) lines 1.2.)		980,000	31,659,866
		s and similar amounts paid (Part IX, column (A), lines 1-3)		980,000	508,100
		es, other compensation, employee benefits (Part IX, column (A), lines		17,576,227	17,991,489
Expenses	5-10	•		0	17,331,10
<u>ই</u>		undraising expenses (Part IX, column (A), line 11e)			
<u>ភ</u>		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,683,851	14.064.57
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		48,240,078	14,064,577 32,564,166
		nue less expenses Subtract line 18 from line 12		10,198,235	-904,300
Fund Balances			_	g of Current Year	End of Year
3.5	20 Total	assets (Part X, line 16)		42,680,227	42,342,302
2		liabilities (Part X, line 26)		22,101,946	29,085,350
Par		ssets or fund balances Subtract line 21 from line 20		20,578,281	13,256,952
nder ny kn	penalties of	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other tha			
		*** ature of officer		015-11-12 ate	
	Sign KEV	ature of officer In M Hardardt Chief Financial/Admin officer			
	Sign KEV Type	ature of officer IN M HARDARDT CHIEF FINANCIAL/ADMIN OFFICER e or print name and title	D:	ate PTIN	
lere	Sign KEV Type	IN M HARDARDT CHIEF FINANCIAL/ADMIN OFFICER e or print name and title Print/Type preparer's name DEBORAH G KOSNETT Preparer's signature DEBORAH G KOSNETT	te Che self	eck If PTIN Femployed P0029	00720
Sign Here Paid	Sign KEV Type	ature of officer IN M HARDARDT CHIEF FINANCIAL/ADMIN OFFICER e or print name and title Print/Type preparer's name Preparer's signature Da	te Che self Firm	ate PTIN	942

WASHINGTON, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions) . .

V Yes **N**o

Total program service expenses

4e

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II"</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV $	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII"	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,\!000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 118 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
0	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
12	year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O									

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	b Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No				
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes					
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b						
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b						
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b	Yes Yes Yes					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes Yes					
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No				
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No				
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No				

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOSEPH L MARTIN CONTROLLER

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- **★** List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	► [
d	Total (add lines 1b and 1c)	<u> </u>	6,525,613	0	1,098,177

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►48

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	4	Yes	
•	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PROOF INTEGRATED COMMUNICATIONS PO BOX 101880 ATLANTA, GA 30392	COMMUNICATIONS/WEBSITE MGMT	604,565
HITT CONTRACTING INC PO BOX 602760 CHARLOTTE, NC 28260	OFFICE/CONFERENCE FACILITY RENOVATIONS	576,246
CYBERIQ SERVICES INC 2101 WILSON BLVD ARLINGTON, VA 22201	DNG/ISAC PROGRAM CONSULTING	390,000
DELOITTE MANAGEMENT SERVICES LLP 5140 YONGE STREET TORONTO, ONTARIO M2N 6L7 CA	INDUSTRY SAFETY PROGRAMS	336,074
LEVERAGE MEDIA 579 BROADWAY SUITE 1 HASTINGSONHUDSON, NY 10706	PUBLICATIONS/MAGAZINE SVCS	261,942
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

rt V		Statement o Check if Schedi	ule O contains a respo	nse or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated cam	paigns 1a					
and Other Similar Amounts	ь	Membership du	ies 1b					
λm(С	Fundraising eve	ents 1c					
ar /	d	Related organiz	zations 1d					
mil	e	Government grant	s (contributions) 1e					
Other Si	f	All other contribution	ons, gifts, grants, and 1f ot included above					
Œ	g	Noncash contribution	ons included in lines			ĺ	ĺ	
and	h	Total. Add lines	s 1 a - 1 f					
				Business Code				
	2a	MEMBERSHIP DUE	S	900004	23,572,236	23,572,236		
	ь	MEETINGS/EXHIBI	T INCOME	900004	3,637,680	3,637,680		
á	С	SPONSORSHIP INC	COME	900004	779,540	779,540		
	d	SERVICE INCOME		900004	746,580		746,580	
	e	ADVERTISING INCO	OME	541800	335,467		335,467	
	f	All other progra	am service revenue		352,528	352,528		
	g	Total. Add lines	s 2a – 2f		29,424,031			
	3		ome (including dividen		560,170			560,1
	4		ar amounts) stment of tax-exempt bond		,			·
	5	Royalties		▶	1,078,002			1,078,0
			(ı) Real	(11) Personal				
	6a	Gross rents	32,598					
	Ь	Less rental expenses	39,668					
	С	Rental income or (loss)	-7,070					
	d	Net rental inco	me or (loss)		-7,070	-7,070		-
	7a	Gross amount	(ı) Securities	(II) O ther				
	'a	from sales of assets other than inventory	4,349,214	36,525				
	ь	Less cost or other basis and sales expenses	3,866,314	12,131				
	С	Gain or (loss)	482,900	24,394				
	d		ss)		507,294			507,2
	8a	Gross income f events (not inc \$ of contributions See Part IV, Iir	luding s reported on line 1c)					
	ь	Lace direct	a nonces b					
	C		penses b (loss) from fundraising	events 🛌				
			rom gaming activities					
	ь	Less direct ex	a penses b					
	С		(loss) from gamıng actı	vities≱-				
	10a	Gross sales of returns and allo	owances .					
	Ь	less costofa	a oods sold b					
	c	_	(loss) from sales of inv	entory 🛌				
		Miscellaneous	•	Business Code				
	11a	MISCELLANEO	DUSINCOME	900004	97,439	97,439		
	ь							
	С							
	d		ue					
	e	Total. Add lines	s 11a-11d	▶	97,439			
	12		See Instructions .	💅				

-	01111330 (2011)
1	Part IX	Statement of Functional Expenses
S	ection 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A)

	on 301(e)(3) and 301(e)(1) organizations must complete an estamble vin	other organization	one mast comp	rece coranin (//)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	508,100			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,322,217			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	7,692,500			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,649,246			
9	Other employee benefits	1,625,092			
10	Payroll taxes	702,434			
11	Fees for services (non-employees)				
а	Management				
b	Legal	45,206			
С	Accounting	243,625			
d	Lobbying	352,600			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	28,972			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,654,262			
12	Advertising and promotion	487 <u>,</u> 396			
13	Office expenses	758,684			
14	Information technology	200,186			
15	Royalties				
16	Occupancy	1,470,913			
17	Travel	959,133			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,098,469			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	634,989			
23	Insurance	249,963			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIPS AND CONTRIB	675,748			
b	UNRELATED BUSINESS INCO	242,629			
С	1120 POL INCOME TAX	45,132			
d	MISCELLANEOUS EXPENSE	-83,330			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	32,564,166			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		eneck is beneating a response of note to any line in this rate x 1 1 1	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	11,709,995	2	4,747,544
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	406,273	4	600,792
	5	Loans and other receivables from current and former officers, directors, trustees, keeployees, and highest compensated employees. Complete Part II of Schedule L	э у		
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employed and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L	rs	5	
Assets				6	
AS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	400,000	8	4 004 475
	9	Prepaid expenses and deferred charges	462,028	9	1,294,175
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,018,	970		
	b	Less accumulated depreciation 10b 4,526,3	211 2,251,274	10c	2,492,759
	11	Investments—publicly traded securities	27,850,657	11	33,207,032
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,680,227	16	42,342,302
	17	Accounts payable and accrued expenses	4,457,059	17	4,220,824
	18	Grants payable		18	
	19	Deferred revenue	3,808,573	19	7,344,553
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
аę		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	13,836,314	25	17,519,973
	26	Total liabilities. Add lines 17 through 25	22,101,946	26	29,085,350
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete			
ф. ф.		lines 27 through 29, and lines 33 and 34.			
E E	27	Unrestricted net assets	20,578,281	27	13,256,952
<u>8</u>	28	Temporarily restricted net assets		28	
귤	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S 0.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Q.S.S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	20,578,281	33	13,256,952
ž	34	Total liabilities and net assets/fund balances	42,680,227	34	42,342,302
			,		Form 990 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
-					· ·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,6	559,866
2	Total expenses (must equal Part IX, column (A), line 25)	2			564,166
3	Revenue less expenses Subtract line 2 from line 1	3			904,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				-
5	Net unrealized gains (losses) on investments	5			578,281 507,492
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7,0	24,521
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,	256,952
Par	t XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepassis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversidandit, review, or compilation of its financial statements and selection of an independent accountant?	ght of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$ CORPORATE AFFAIRS PROGRAMS - COORDINATES RECRUITMENT AND RETENTION OF CURRENT OR POTENTIAL AGA MEMBER COMPANIES, CONDUCTS OUTREACH TO THE FINANCIAL COMMUNITY TO ENHANCE THEIR UNDERSTANDING OF KEY ISSUES AFFECTING GAS UTILITIES AND PROVIDES SUPPORT SERVICES FOR AGA'S COMMITTEE MEETINGS AND CONFERENCES GENERAL COUNSEL PROGRAMS - THE OFFICE OF GENERAL COUNSEL ASSISTS MEMBER COMPANY ATTORNEYS IN MORE EFFECTIVELY PERFORMING THEIR DUTIES, THEREBY HELPING THOSE COMPANIES OPERATE MORE EFFICIENTLY FOR EXAMPLE, AGA OFFERS LITIGATION ALERTS, LEGAL FORUMS AND WORKSHOPS, ANTITRUST COMPLIANCE PROGRAMS, ASSISTANCE TO MEMBERS IN POTENTIALLY PRECEDENT SETTING LITIGATION, AS WELL AS ANALYSIS AND LEGAL SUMMARIES IN ADDITION, AGA ANNUALLY UPDATES AND PUBLISHES THE AGA FERC MANUAL WHICH IS A REGULATORY COMPLIANCE GUIDE DIRECTED AT NATURAL GAS UTILITY MEMBERS INDUSTRY FINANCE & ADMINISTRATION - THE FINANCIAL AND ADMINISTRATION GROUP DEVELOPS AND IMPLEMENTS PROGRAMS IN THE FOLLOWING AREAS ACCOUNTING, CUSTOMER SERVICE, HUMAN RESOURCES, RISK MANAGEMENT AND INFORMATION TECHNOLOGY THESE PROGRAMS HELP MEMBER COMPANIES OPERATE MORE EFFICIENTLY FOR EXAMPLE, IN THE CUSTOMER SERVICE AREA, AGA'S DATA SOURCE IS THE UTILITY INDUSTRY'S PREMIER TOOL FOR BENCHMARKING CUSTOMER SERVICE PROGRAMS SUBJECTS COVERED INCLUDE CALL CENTERS, ENERGY ASSISTANCE PROGRAMS, BILLING AND METER READING A POWERFUL ONLINE SEARCH ENGINE ENABLES MEMBERS TO RETRIEVE DATA EFFICIENTLY, THEREBY INCREASING EMPLOYEE PRODUCTIVITY AGA SPONSORS ACCOUNTING WORKSHOPS AND TRAINING PROGRAMS ON CUTTING EDGE ISSUES FACING OUR MEMBER COMPANIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an oi /trus	ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		2/1033 11130,	related organizations
(1) GREGG S KANTOR CHAIRMAN OF THE BOARD	6 00	х						0	0	0
(1) TERRY D MCCALLISTER	4 00	х						0	0	0
FIRST VICE CHAIR (2) RALPH A LAROSSA	2 00	х						0	0	0
SECOND VICE CHAIR (3) RONALD W JIBSON	1 00	,			-			-	·	
IMMEDIATE PAST CHAIR		х						0	0	0
(4) KIM R COCKLINDIRECTOR	1 00	x						0	0	0
(5) DAVID R EMERY	1 00	x						0	0	0
DIRECTOR (6) KIMBERLY J HARRIS DIRECTOR	1 00	х						0	0	0
(7) GLENN R JENNINGS DIRECTOR	1 00	х						0	0	0
(8) CHRISTOPHER P JOHNS	1 00	х						0	0	0
DIRECTOR (9) CRAIG L ADAMS	1 00	х						0	0	0
DIRECTOR (10) STEVEN E KURMAS	1 00	x						0	0	0
DIRECTOR (11) ROBERT F BEARD	1 00	x						0	0	0
DIRECTOR (12) JAMES P LAURITO	1 00	X						0	0	0
DIRECTOR (13) LONNIE E BELLAR	1 00	х						0	0	0
DIRECTOR (14) DIANE LEOPOLD	1 00	×						0	0	0
DIRECTOR (15) DOYLE N BENEBY	1 00	^						0	0	
DIRECTOR (16) JOHN MCAVOY	1 00	Х						0	0	0
DIRECTOR		х						0	0	0
(17) LAWRENCE T BORGARD DIRECTOR	1 00	х						0	0	0
(18) MICHAEL P MCMASTERS DIRECTOR	1 00	x						0	0	0
(19) CARL L CHAPMAN DIRECTOR	1 00	х						0	0	0
(20) SCOTT L MORRIS DIRECTOR	1 00	х						0	0	0
(21) PIERCE H NORTON II DIRECTOR	1 00	х						0	0	0
(22) MORGAN K O'BRIEN	1 00	х						0	0	0
DIRECTOR (23) SCOTT M PROCHAZKA	1 00	х						0	0	0
DIRECTOR (24) IAN ROBERTSON	1 00	x						0	0	n
DIRECTOR										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) (C) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation and a director/trustee) organization (Worganizations (Wfrom the anv hours for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual or director Former <u>₽</u> organizations related Institutional Trustee below emplo) ee organizations dotted line) t compensated .ee trustee (26) JOHN G RUSSELL 1 00 Х ٥ 0 0 DIRECTOR (1) JEFFREY W SHAW 1 00 Χ 0 0 0 DIRECTOR (2) SUZANNE SITHERWOOD 1 00 Х 0 0 0 DIRECTOR (3) ROBERT C SKAGGS JR 1 00 0 0 0 Х DIRECTOR (4) THOMAS E SKAINS 1 00 х O 0 0 DIRECTOR (5) JOHN W SOMERHALDER II 1 00 0 0 0 Χ **DIRECTOR** (6) JAMES P TORGERSON 1 00 Х 0 0 0 DIRECTOR (7) DENNINS V ARRIOLA 1 00 n 0 0 Х DIRECTOR (8) WILLIAM J FEHRMAN 1 00 Χ 0 0 0 DIRECTOR (9) DAVID F SMITH 1 00 0 Х 0 0 (10) LAURENCE M DOWNES 1.00 Х 0 O 0 DIRECTOR (11) THOMAS B KING 1 00 Χ 0 0 0 DIRECTOR (12) KENT T LARSON 1 00 Х 0 0 0 DIRECTOR (13) K FRANK MOREHOUSE 1.00 0 0 0 Х DIRECTOR (14) MCCURDY DAVID K 50 00 Х Х 2,177,438 0 395,540 PRESIDENT & CEO (15) BELFORD KEVIN B Х 580,021 0 28,021 (16) HARDARDT KEVIN M 50.00 Х 559,560 0 156,545 (17) GARDNER GARY W 50 00 Х 299,800 0 26,090 VP & CORPORATE SECRETARY (18) TRAWEEK LORI S 50 00 Х 1,170,141 0 248,800 SR VP & COO (19) SAMES CHRISTINA M 50 00 Х 325,807 0 146,145 VP - OPS AND ENGINEERING (20) ROGERS JASON K 50 00 0 Х 309.670 19.490 VP - GOVT RELATIONS (21) CLAY KATHRYN 50 00 0 Х 273,228 17,500 VP - POL STRATEGY (22) SOTO ANDREW K 50 00 Χ 251,997 0 23,000 VP - REG AFFAIRS (23) LOWE GEORGE 50 00 0 Х 309,290 17,500 VP - FEDERAL AFFAIRS (24) MCGILL CHRIS B 50 00 Х 0 268,661 19,546 VP - POL ANALYSIS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316010655

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts LA and B Do not complete Part LC
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts LA and C below Do not complete Part LB
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

	me of the organization ERICAN GAS ASSOCIATION			Em	oloyer ide	nt if ica	tion numb	er		
AITI	ERICAN GAS ASSOCIATION			13-	3-0431590					
Par	t I-A Complete if the orga	anization is exempt unde	er section 501(c) or is a sec	tion 52	7 org	anizatio	n.		
1	Provide a description of the orga	nızatıon's dırect and ındırect po	lıtıcal campaıgn act	tivities in Part IV						
2	Political expenditures				F	\$		98,500		
3	Volunteer hours									
Par	t I-B Complete if the orga	anization is exempt unde	er section 501(c)(3).						
1	Enter the amount of any excise t				F	\$				
2	Enter the amount of any excise t	ax incurred by organization mar	nagers under sectio	n 49 55	▶	\$ — \$				
3	If the organization incurred a sec	· -	_			'	┌ Yes	┌ No		
4a	Was a correction made?	·	·				☐ Yes	□ No		
b	If "Yes," describe in Part IV									
Pai	t I-C Complete if the orga	anization is exempt unde	er section 501(c), except se	ction 5	01(c)	(3).			
1	Enter the amount directly expend	ded by the filing organization for	section 527 exem	pt function activi	ties 🕨	\$		0		
2	Enter the amount of the filing org exempt function activities	anızatıon's funds contributed to	other organization	s for section 527	.	\$		98,500		
3	Total exempt function expenditu	res Add lines 1 and 2 Enter he	re and on Form 112	20 -POL, line 17 b	F	\$		98,500		
4	Did the filing organization file Fo i	rm 1120-POL for this year?				т —	✓ Yes	┌ No		
	organization made payments Fo amount of political contributions separate segregated fund or a po	received that were promptly an	d directly delivered	to a separate po	litical org	anızatı	ion, such a			
	(a) Name	(b) Address	(c) EIN	(d) A mount filing organi funds If none	zatıon's	cor - dır	A mount on tributions and prompectly delives eparate paration enter -	received tly and ered to a olitical If none,		
See	Additional Data Table									

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
	complete if the organization under section 501(h)).	<u> </u>	·			
	Check ► If the filing organization belongs to an expenses, and share of excess lobby Check ► If the filing organization checked box	ıng expenditures)			oup member's nam	e, address, EIN,
<u>B</u>	Limits on Lobbying Ex (The term "expenditures" means am	(penditures		JIY	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public op	oinion (grass roots lob	bying)			
	Total lobbying expenditures to influence a legisla	· -		İ		
c	Total lobbying expenditures (add lines 1a and 1b))		İ		
d	O ther exempt purpose expenditures			ĺ		
е	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both	ĺ		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)		[
h	Subtract line 1g from line 1a If zero or less, ente	r-0-		[
i	Subtract line 1f from line 1c If zero or less, enter	-0-				
j	If there is an amount other than zero on either line section 4911 tax for this year?	e 1h or line 1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See th		ection do not	have to co		he five
	Lobbying Expe	nditures During	4-Year Avera	ging Period	_	1
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
_2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Pa		ganization is exempt under section 501(c)(3) and has lection under section 501(h)).	тои				age 3
For e	ach "Yes" response to lines 1a through	h 11 below, provide in Part IV a detailed description of the lobbying	(ă	a)		(b)	
actıv			Yes	No	Α	moun	it
1	legislation, including any attempt through the use of	nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
a	Volunteers?						
b	· ·	compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements? Mailings to members, legislators,	or the public?					
d e	Publications, or published or broad	·					
f	Grants to other organizations for lo	<u> </u>					
g g		err staffs, government officials, or a legislative body?					
h		, conventions, speeches, lectures, or a negligible bedy					
i	Other activities?	,					
j	Total Add lines 1c through 1:						
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?					
ь	If "Yes," enter the amount of any t						
c	If "Yes," enter the amount of any t	ax incurred by organization managers under section 4912		l			
d	If the filing organization incurred a	section 4912 tax, did it file Form 4720 for this year?					
Par		ganization is exempt under section 501(c)(4), section	501(c)(5), o	r se	ctio	n
	501(c)(6).					V I	NI-
1	Were substantially all (90% or mo	re) dues received nondeductible by members?			1	Yes	No No
2		house lobbying expenditures of \$2,000 or less?		-	2		No
3		over lobbying and political expenditures from the prior year?		-		Yes	110
		ganization is exempt under section 501(c)(4), section !	501(c)(5), o			n
	501(c)(6) and if ei	ther (a) BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar an		1		2	3.36	1,844
2	•	bying and political expenditures (do not include amounts of political				<u> </u>	
	expenses for which the section 52						
а	Current year		2a				6,255
Ь	Carryover from last year		2b	_			1,903
C	Total		2c	_			4,352
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			58	4,046
4		nt on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	.,,	4				
5	Taxable amount of lobbying and po	olitical expenditures (see instructions)	5			-16	9,694
Pa	rt IV Supplemental Info	rmation					
		art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou 1 Also, complete this part for any additional information	ıp lıst),	Part II-	·A , III	nes 1	and
	Return Reference	Explanation					
PAR	·	AGA'S POLITICAL CAMPAIGN ACTIVITIES CONSIST OF CONTRIB CANDIDATES FOR STATE AND LOCAL OFFICE WHERE LEGALLY PE CONTRIBUTIONS MADE TO OTHER POLITICAL ORGANIZATIONS, EXPENSES FOR ITS SEPARATE SEGREGATED FUND	RMISA	BLE,		TIVE	
IND	RECT POLITICAL CAMPAIGN (AGA'S POLITICAL CAMPAIGN ACTIVITIES CONSIST OF CONTRIB CANDIDATES FOR STATE AND LOCAL OFFICE WHERE LEGALLY PE CONTRIBUTIONS TO OTHER POLITICAL ORGANIZATIONS, AND A EXPENSES FOR ITS SEPARATE SEGREGATED FUND	RMISS	IBLE,			

	r age •
rmation <i>(continued)</i>	
Explanation	
	_
	Explanation Explanation

Schedule C (Form 990 or 990EZ) 2014

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
AMERICAN GAS POLITICAL ACTION COMMITTEE	400 N CAPITOL ST NW WASHINGTON, DC 20001	130431590		40232
ALABAMIANS FOR LUTHER STRANGE INC	PO BOX 3196 MONTGOMERY, AL 36109	202909004	500	
CHARLES BARKLEY FOR DELEGATE COMMITTEE	19222 GOLDEN MEADOW DRIVE GERMANTOWN, MD 20876	030514754	500	
COMMUNITY LEADERS OF AMERICA	1005 CONGRESS AVE AUSTIN,TX 78701	463149989	5000	
DEMOCRATIC GOVERNORS' ASSOCIATION	1401 K STREET NW WASHINGTON, DC 20005	521304889	20000	
FRIENDS OF BRYCE REEVES	PO BOX 7022 FREDERICKSBURG, VA 22404	320365003	500	
GOPAC	2300 CLAREDON BLVD ARLINGTON,VA 22201	521237780	20000	
REPUBLICAN AGRICULTURE COMMISSIONERS COMMITTEE INC	PO BOX 66521 WASHINGTON, DC 20035	421777438	2000	
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	1747 PENNSYLVANIA AVE NW WASHINGTON,DC 20006	464501717	15000	
REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVE NW WASHINGTON,DC 20006	521174414	20000	
REPUBLICAN STATE LEADERSHIP COMMTTEE	1201 F STREET NW WASHINGTON, DC 20004	050532524	15000	

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DLN: 93493316010655

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

enna	revenue Service Thromation about Schedule D (Form	1 330) und its instructions is ut www.in-	J.y J. / 1	Inspection
	me of the organization ERICAN GAS ASSOCIATION		Emp	loyer identification number
			13-	0431590
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)		1	
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	rsed Yes No
	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the benefits			
_	conferring impermissible private benefit?	the organization answered "Voc" t	o Forn	
1	rt II Conservation Easements. Complete if		.0 FOI	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	or education) Preservation of ar		ically important land area d historic structure
	Preservation of open space	,		
		a qualified concernation contribution in	tha fau	n of a concorrection
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the form	n or a conservation
	,			Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ▶			
	Number of states where property subject to conservat	ıon easement ıs located ▶		
	Does the organization have a written policy regarding a enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dl ın g of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s du rın	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	7 0 (h)(4)(B)(ı)
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th			
	the organization's accounting for conservation easeme			
L	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furtherance of public
•	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			• •
1	Revenue included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	Ilections of Art,	<u>, His</u>	tori	<u>cal Tı</u>	<u>easu</u>	ires, or O	the	r Simii	<u>ar As</u>	<u>sets (</u>	<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds,ch	nec k	an y of t	he foll	owing that a	re a	significa	ant use	of its	
а	Public exhibition		d	Γ	Loan	or exc	hange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's c Part XIII	ollections and explai	ın hov	w the	/ furthe	er the c	organızatıon	's ex	empt pu	ırpose ı	n	
5	During the year, did the organization solicit								ılar			
Dan	assets to be sold to raise funds rather than table to be sold to raise funds rather than								oc" to [Yes	No
FGII	Part IV, line 9, or reported an ar						ii aliswelet	ו נ	es 10 i	OIIII S	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets r	iot		Yes	□ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able		_					
										An	ount	
С	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21,	for es	crow c	rcust	odial accour	nt lia	bility?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anatı	on has	been p	rovided in P	art)	KIII .			Γ
Pai	rt V Endowment Funds. Complete											
	Paraman of combine	(a)Current year	(b))Prior	year	b (c)⊤	wo years back	(d)	Three yea	rs back	(e)Four	years back
1a L	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g.	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balanc	e (lin	e 1 a	colum	n (a))	held as	J		I		
a	Board designated or quasi-endowment	rent year end balanc	(- - 9	Colum	11 (u // 1	iicia as					
b	Permanent endowment											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse		ation 1	that a	are held	d and a	dministered	lfor	the			
	organization by	or the organiza				. u., u					Ye	s No
	(i) unrelated organizations							•		. 3a(
	(III) related annument and									3a(
	(ii) related organizations											
	If "Yes" to 3a(II), are the related organization	ons listed as required	d on S	chec	ule R?			٠		. 3t	<u> </u>	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the seco	ns listed as required he organization's end	d on S dowm	chec ent f	ule R? ınds			·	 Form 9			line
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the company of the	ons listed as required he organization's end ent. Complete if t	d on S dowm	chec ent f	ule R? ınds			· ' to	· · · Form 9			line
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the seco	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? ınds	n ansv		ther	(c) Accı		rt IV,	line Book value
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the company of the	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? inds izatioi	n ansv	wered 'Yes	ther	(c) Accı	90, Pa	rt IV,	
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the control of the	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? inds izatioi	n ansv	wered 'Yes	ther	(c) Accı	90, Pa	rt IV,	
Par	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second seco	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? inds izatioi	n ansv	wered 'Yes	ther r)	(c) Accu depre	90, Pa	rt IV,	
Par la l b E c l	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second seco	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? inds izatioi	n ansv	wered 'Yes (b)Cost or o basis (othe	ther r) ,952	(c) Accu	90, Paumulated	rt IV, (d)	Book value
1a L b E c L d E	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property Land	ons listed as required he organization's end ent. Complete if t	d on S dowm	ent for rgan	ule R? inds izatioi	n ansv	(b)Cost or o basis (other	,952	(c) Accu	190, Paumulated eclation	rt IV, (d)	1,175,161

	estments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Des	Form 990, Part X, line 12.	(b)Book value	(c) Method of v	
(1)Financial deriva	ncluding name of security)		Cost or end-of-year	market value
(2)Closely-held ed				
Other	1			
-				
<u></u>				
	ust equal Form 990, Part X, col (B) line 12)			
Part VIII Inv	estments—Program Related. Cor	nplete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
	Form 990, Part X, line 13. Description of investment	(b) Book value	(c) Method of va	aluation
	·		Cost or end-of-year	
		-		
-			-	
-				
Total. (Column (b) m	ust equal Form 990, Part X, col (B) line 13)			
Part IX Othe	er Assets. Complete if the organization		, Part IV, line 11d See	
	(a) Descrip	tion		(b) Book value
	must equal Form 990, Part X, col.(B) line 15.			
	er Liabilities. Complete if the organ i 990, Part X, line 25.	iization answered 'Yes' t	o Form 990, Part IV,	line 11e or 11f. See
1	(a) Description of liability	(b) Book value		
Federal income ta:	xes			
DEFERRED COMP	PENSATION	2,181,467		
ACCRUED PENSI	ON	10,433,296		
POST RETIREME	NT HEALTH BENEFITS	4,905,210		
-				
Total. (Column (b) m	ust equal Form 990, Part X, col (B) line 25)	17,519,973		
		· · ·		

Par		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 12		ts With Revenue p	er R	eturn Complete if
1		r support per audited financial statements			1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of fa	acılıtıes	2b		1	
c	Recoveries of prior year grants	5	2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	Add lines 2a through 2d .				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line :	12) .		5	
Part		xpenses per Audited Financial Stat			per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line			1	T
1		raudited financial statements			<u> </u>	-
2		t not on Form 990, Part IX, line 25	ا ء۔	ı		
a			2a		┥	
b	·		2b		┥	
C			2c 2d		┥	
d			_ <u>Z</u> a		- - - -	
e	Add lines 2a through 2d				2e	+
3		O Dort IV line 25 but not on line 1.	• •		3	
4		0, Part IX, line 25, but not on line 1:	ا م	ı		
a		uded on Form 990, Part VIII, line 7b	4a 4b		┨	
b					┥	
C					4c 5	
5 Dari	Supplemental Inf	nd 4c. (This must equal Form 990, Part I, line	10)		<u> </u>	
Prov Part	ide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a a lines 2d and 4b, and Part XII, lines 2d and 4				le any additional
	Return Reference	Explanation				
PART	X, LINE 2	THE ORGANIZATION BELIEVES THAT IT POSITIONS TAKEN AND THEREFORE, DO THAT ARE MATERIAL TO THE FINANCIA 2014 TAX YEARS ARE OPEN FOR EXAMI	DES NO LSTA	OT HAVE ANY UNCER TEMENTS AT A MINI	TAIN MUM,	TAX POSITIONS THE 2010 THROUGH

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation
-	

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316010655

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

TROTTIGE T CONTINUE CONTINUE					Inspection
Name of the organization				Employer ident i	fication number
AMERICAN GAS ASSOCIATION				4	
				13-0431590	
Part I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiza	ation answered
1 For grantmakers. Does the o	organization m	aıntaın records	s to substantiate the a	mount of its grants	
and other assistance, the gra	intees' eligibilit	ty for the gran	ts or assistance, and	the selection criteria	
used to award the grants or a	assistance?				│ Yes │ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grants	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	o	0			42,735
b Total from continuation sheets to Part I	0	0			28,353
c Totals (add lines 3a and 3b)	0	0			71,088
For Danamuark Raduction Act Natice con	*h- T+	for Form 000	Cat I	No E0092W Schodu	lo E (Form 000) 2014

2						i ted States. Comp duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						es by the foreign co (c)(3) equivalency l			
3	Enter total nun	nber of other or	ganızatıons or enti	ties					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

	e duplicated if addit						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		
(2)		+ + +			<u>'</u>		
(3)	†	+ +	· 		†		
(4)		+	1		 		
(5)	+	+ +					
(6)		+ +			+		
(7)	-	+			 		
(8)		+					
(9)	-	+			 		
(10)	+	+ +	·		 		
(11)	-	+					
(12)		+					
(13)	+	+ +					
(14)		+ +					
(15)	+	+ +			-		
(16)	+	+ +					
(17)	+	+ +					
(18)	+	+ +			 		

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	ি ব	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	_	Yes	াত	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	_	Yes	াত	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES INCLUDED IN PART I ARE DETERMINED USING THE ACCRUAL METHOD

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0		INTERNATIONAL GAS UNION/LIQUIFIED NATURAL GAS MEETING	2,732
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL GAS UNION COMMITTEE MEETING	4,915
EAST ASIA AND THE PACIFIC	0	0		INTERNATIONAL GAS UNION PROGRAMME COMMITTEE D MEETING	2,840

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL GAS UNION PROGRAMME COMMITTEE MEETINGS	3,189	
EUROPE	0	0		INTERNATIONAL GAS RESEARCH CONFERENCE	4,852	
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL GAS UNION COMMITTEE MEETING	15,839	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL GAS UNION PROGRAMME COMMITTEE MEETING	4,006
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL GAS UNION PRESIDENCY MEETING	4,362
EUROPE	0	0	PROGRAM SERVICES	WORLD GAS CONFERENCE MEETING	6,663

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
EUROPE	0	0		WORLD GAS CONFERENCE/INTERNATIONAL GAS UNION MEETING	7,529	
MIDDLE EAST AND NORTH AFRICA	0	0		PROGRAMME COMMITTEE E INTERNATIONAL GAS UNION MEETING	2,790	
NORTH AMERICA	0	0	PROGRAM SERVICES	ENBRIDGE PEER TO PEER REVIEW	2,199	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAMME COMMITTEE FALL MEETING	1,505
NORTH AMERICA	0	0	PROGRAM SERVICES	THE SOCIETY FOR STANDARDS PROFESSIONALS CONFERENCE	1,442
NORTH AMERICA	0	0	PROGRAM SERVICES	UNION GAS PEER TO PEER REVIEW	4,463

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) A ctivities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
SOUTH AMERICA	0	0		INTERNATIONAL GAS UNION MEETING	1,762	

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DLN: 93493316010655

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Department of the Treasury Internal Revenue Service	► Information		Inspection				
Name of the organization AMERICAN GAS ASSOCIATION						Employer identification	on number
						13-0431590	
Part I General Informatio	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as:	sıstance?			-	•	▽ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	organization if applicable grant cash valuation non-cash assist						(h) Purpose of gran or assistance
See Additional Data Table							

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2014

17

15

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1					
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
•	ALL GRANTS, CONTRIBUTIONS AND MEMBERSHIPS ARE ASSIGNED AN AGA STAFF MEMBER AS THE CONTACT PERSON IT IS THIS PERSON'S RESPONSIBILITY TO MONITOR THE ACTIVITIES OF GRANTEES, AS WELL AS THE RECEIPT AND REVIEW OF PERIODIC PROGRESS REPORTS							

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPUBLICAN GOVERNORS ASSOCIATION1747 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1174414	527	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
REPUBLICAN STATE LEADERSHIP COMMITTEE 1201 F ST NW WASHINGTON, DC 20004	05-0532524	527	15,000				GENERAL SUPPORT				

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WESTERN GOVERNORS ASSOCIATION1600 BROADWAY STE 1700 DENVER,CO 80202	84-0747227	GOVT	10,000				GENERAL SUPPORT					

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DEMOCRATIC GOVERNORS ASSOCIATION1401 K STREET NW WASHINGTON,DC 22404	52-1304889	527	20,000				GENERAL SUPPORT				

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
GOPAC2300 CLARENDON BLVD ARLINGTON,VA 22201	52-1237780	527	20,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 1747 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	46-4501717	527	15,000				GENERAL SUPPORT			

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN COUNCIL FOR CAPITAL FORMATION1750 K STREET NW WASHINGTON,DC 20006	52-0991278	501(C)(6)	15,000				GENERAL SUPPORT				

Form 990,Schedule 1, Par	orm 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN COUNCIL OF YOUNG POLITICAL LEADERS1612 K STREET NW WASHINGTON,DC 20006	52-0845718	501(C)(3)	7,000				GENERAL SUPPORT				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICANS FOR TAX REFORM1930 L STREET NW WASHINGTON,DC 20036	52-1403587	501(C)(4)	10,000				GENERAL SUPPORT				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAMPAIGN FOR HOME ENERGY ASSISTANCE601 13TH STREET NW WASHINGTON,DC 20005	52-1243510	FED GOVT	14,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLLEGE OF CHARLESTON FOUNDATION66 GEORGE STREET CHARLESTON,SC 29424	23-7069236	501(C)(3)	10,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MARY'S MERRY CHRISTMAS FOUNDATION INC3891 CLUBLAND DRIVE MARIETTA,GA 30068	27-3926522	501(C)(3)	5,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION303 E 17TH AVENUE DENVER,CO 80203	52-1559709	501(C)(3)	20,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL GOVERNORS ASSOCIATION444 N CAPITOL STREET NW WASHINGTON, DC 20001	23-7391796	527	20,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RESOURCES FOR THE FUTURE1616 P STREET NW WASHINGTON,DC 20036	53-0220900	501(C)(3)	25,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESTERN CAUCUS FOUNDATION400 N CAPITOL ST STE 382-B WASHINGTON, DC 20001	46-3948410	501(C)(3)	12,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALLIANCE TO SAVE ENERGY1850 M STREET NW WASHINGTON,DC 20036	52-1082991	501(C)(3)	55,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES1575 I ST NW WASHINGTON,DC 20005	53-0026940	501(C)(6)	5,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COMMON GROUND ALLIANCE2300 WILSON BLVD SUITE 310 ARLINGTON,VA 22201	41-1984081	501(C)(3)	25,000				GENERAL SUPPORT				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE300 M ST SE WASHINGTON,DC 20003	52-1114225	501(C)(3)	20,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGRESSIONAL HOCKEY CHALLENGE1217 DELAFIELD PL NW WASHINGTON,DC 20011	46-4543970	501(C)(3)	15,000				GENERAL SUPPORT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
CONGRESSIONAL SPORTSMEN'S FOUNDATION110 N CAROLINA AVE SE WASHINGTON, DC 20003	52-1686163	501(C)(3)	6,000				GENERAL SUPPORT					

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
INTERNATIONAL CODE COUNCIL500 NEW JERSEY AVE NW WASHINGTON, DC 20001	36-3999004	501(C)(6)	22,000				GENERAL SUPPORT						

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
JEFFERSON ISLANDS CLUB 5228 BALTIMORE AVE BETHESDA,MD 20816	53-0192251	501(C)(7)	5,000				GENERAL SUPPORT					

Form 990,Schedule I, Par	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
NATIONAL ASSN OF REGULATORY UTILITY COMMISSIONERS1101 VERMONT AVE NW WASHINGTON, DC 20005	53-0204609	501(C)(4)	22,100				GENERAL SUPPORT					

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
NATIONAL CONFERENCE OF STATE LEGISLATURES 444 N CAPITOL ST NW 515 WASHINGTON, DC 20001	84-0772595	GOVT	5,000				GENERAL SUPPORT						

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
NCSL FOUNDATION FOR STATE LEGISLATURES7700 E 1ST PL DENVER, CO 80230	74-2232576	501(C)(3)	12,500				GENERAL SUPPORT					

Form 990,Schedule 1, Pai	form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
THE ECONOMIC CLUB OF WASHINGTON DC1156 15TH STREET NW WASHINGTON,DC 20005	52-1469926	501(C)(3)	7,500				GENERAL SUPPORT						

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
THE ENVIRONMENTAL COUNCIL OF THE STATES 50 F STREET NW WASHINGTON, DC 20001	36-3962169	501(C)(6)	25,000				GENERAL SUPPORT					

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
THIRD WAY1025 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	20-1734070	501(C)(4)	15,000				GENERAL SUPPORT						

Form 990,Schedule 1, Pai	form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
US CHAMBER OF COMMERCE1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	10,000				GENERAL SUPPORT						

Form 990,Schedule I, Par	Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
COUNCIL OF STATE GOVERNMENTSPO BOX 11910 LEXINGTON,KY 40578	36-6000818	501(C)(3)	20,000				GENERAL SUPPORT						

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DLN: 93493316010655

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization AMERICAN GAS ASSOCIATION

Employer identification number

13-0431590

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
	Any related organization?	5b		
_	If "Yes," to line 5a or 5b, describe in Part III	55		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table		_	-				

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

nee complete the parties and additional members.			
Return Reference	Explanation		
PART I, LINE 1A	FIRST CLASS TRAVEL- THE CHAIRMAN OF THE BOARD OF DIRECTORS AND SPOUSE ARE AUTHORIZED FOR FIRST CLASS TRAVEL THE CHAIRMAN OF THE AMERICAN GAS ASSOCIATION SERVES ON A VOLUNTARY BASIS AND CONTRIBUTES A SIGNIFICANT AMOUNT OF TIME TRAVELING IN CARRYING OUT THOSE DUTIES IT IS THEREFORE APPROPRIATE DURING THE CHAIRMAN'S TENURE THAT THE ASSOCIATION REIMBURSE THE CHAIRMAN AND OR THE CHAIRMAN'S COMPANY FOR EXPENSE INCURRED IN THE CONDUCT OF THE CHAIRMAN'S DUTIES AND IN ACCORDANCE WITH AGA'S TRAVEL POLICY THE PRESIDENT & CEO IS ELIGIBLE FOR BUSINESS CLASS TRAVEL EXPENSES ON FLIGHTS SCHEDULED FOR MORE THAN 2-1/2 HOURS IF BUSINESS CLASS TRAVEL IS NOT OFFERED FOR A SPECIFIC FLIGHT, FIRST CLASS TRAVEL EXPENSES MAY BE REIMBURSED TRAVEL FOR COMPANIONS- THE ASSOCIATION RECOGNIZES THAT THERE WILL BE OCCASIONS WHEN IT IS APPROPRIATE FOR A SPOUSE OF AN EMPLOYEE TO TRAVEL ON BEHALF OF THE ASSOCIATION IN THESE CASES APPROVAL FOR THE TRAVEL MUST BE RECEIVED IN ADVANCE AGA CONSIDERS EXPENSES OF A TRAVELING SPOUSE TO BE TAXABLE INCOME TO THE EMPLOYEE EXPENSES ARE ADDED TO THE EMPLOYEE'S W-2 WAGES IN ACCORDANCE WITH THE LAW AND APPROPRIATE TAXES ARE WITHHELD		
PART I, LINE 4 B	457(F) PLAN DAVID MCCURDY, \$350,000 LORI TRAWEEK, \$200,000 KEVIN HARDARDT, \$125,000 CHRISTINA SAMES, \$125,000		

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(i)	i) Base npensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	GC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 MCCURDY DAVID K,	(I)	1,124,544	1,033,750	19,144	390,500	6,624	2,574,562	0
PRESIDENT & CEO	(II)	0	0	0	0	0	0	
1 BELFORD KEVIN B, SR	(I)	301,980	90,000	188,041	23,000	8,145	611,166	0
VP & GC	(II)	0	0	0	0	0	0	
2 HARDARDT KEVIN M,	(I)	264,455	80,000	215,105	148,000	9,577	717,137	0
CF&AO	(II)	0	0	0	0	0	0	
3 GARDNER GARY W, VP & CORPORATE SECRETARY	(I) (II)	237,210	58,500 0	4,090 0	23,000 0	4,075 0	326,875 0	0
4 TRAWEEK LORI S, SR VP	(I)	383, 10 0	145,000	642,041	240,500	9,332	1,419,973	0
& COO	(II)	0	0	0	0	0	0	
5 SAMES CHRISTINA M, VP	(I)	253,855	67 ,5 00	4,452	142,500	4,197	472, 5 04	0
- OPS AND ENGINEERING	(II)	0	0	0	0	0	0	
6 ROGERS JASON K, VP -	(I)	248,010	57,500	4,160	17,500	2,350	329,520	0
GOVT RELATIONS	(II)	0	0	0	0	0	0	
7 CLAY KATHRYN, VP - POL	(I)	218,400	53,500	1,328	17,500	302	291,030	0
STRATEGY	(II)	0	0	0	0	0	0	
8 SOTO ANDREW K, VP - REG AFFAIRS	(I) (II)	230,000	21,500 0	497 0	23,000	497 0	275,494 0	0
9 LOWE GEORGE, VP -	(I)	250,000	55,000	4,290	17,500	240	327,030	0
FEDERAL AFFAIRS	(II)	0	0	0	0	0	0	
10 MCGILL CHRIS B, VP -	(I)	214,124	52,500	2,037	17,500	3,368	289,529	0
POL ANALYSIS	(II)	0	0	0	0	0	0	

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DLN: 93493316010655

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN GAS ASSOCIATION

Employer identification number

13-0431590

Return Reference	Explanation
PART III, LINE 1 - ORGANIZATION MISSION	APPROVED BY THE AGA BOARD ON 9/15/09 THE AMERICAN GAS ASSOCIATION REPRESENTS COMPANIES DELIVERING NATURAL GAS TO CUSTOMERS TO HELP MEET THEIR ENERGY NEEDS AGA MEMBERS ARE COMMITTED TO DELIVERING NATURAL GAS SAFELY, RELIABLY, COST-EFFECTIVELY AND IN AN ENVIRONMENTALLY RESPONSIBLE WAY AGA ADVOCATES THE INTEREST OF ITS MEMBERS AND THEIR CUSTOMERS, AND PROVIDES INFORMATION AND SERVICES PROMOTING EFFICIENT DEMAND AND SUPPLY GROWTH, AND OPERATIONAL EXCELLENCE, IN THE SAFE, RELIABLE AND EFFICIENT DELIVERY OF NATURAL GAS TO FURTHER THIS MISSION, AGA FOCUSES ON THE ADVOCACY OF NATURAL GAS ISSUES THAT ARE PRIORITIES FOR THE MEMBERSHIP AND THAT ARE ACHIEVABLE IN A COST EFFECTIVE WAY PROMOTES GROWTH IN THE EFFICIENT USE OF NATURAL GAS ON BEHALF OF NATURAL GAS UTILITIES, AND THE CUSTOMERS THE INDUSTRY SERVES, BY EMPHASIZING BEFORE A VARIETY OF AUDIENCES THE ATTRIBUTES OF NATURAL GAS AS A CLEAN, ABUNDANT, EFFICIENT AND SECURE ENERGY SOURCE THAT IS RECOGNIZED AS A PART OF THE SOLUTION TO THE NATION'S ENVIRONMENTAL AND ENERGY EFFICIENCY GOALS ENCOURAGES, FACILITATES, AND ASSISTS MEMBERS IN SHARING INFORMATION DESIGNED TO ACHIEVE OPERATIONAL EXCELLENCE BY IMPROVING THEIR SAFETY, SECURITY, RELIABILITY, EFFICIENCY, AND ENVIRONMENTAL AND OTHER PERFORMANCE METRICS, ASSISTS MEMBERS IN MANAGING AND RESPONDING TO CUSTOMER NEEDS, REGULATORY TRENDS, NATURAL GAS MARKETS, CAPITAL MARKETS AND EMERGING TECHNOLOGIES, FACILITATES THE IDENTIFICATION OF, AND ADVOCATES FOR, REGULATORY CONSTRUCTS AND EMERGING TECHNOLOGIES, FACILITATES THE IDENTIFICATION OF, AND ADVOCATES FOR, REGULATORY CONSTRUCTS AND EMERGING TECHNOLOGIES, FACILITATES THE IDENTIFICATION OF, AND ADVOCATES FOR, REGULATORY CONSTRUCTS AND EMERGING THEM TO GROW COLLECTS, ANALYZES AND DISSEMINATES INFORMATION ON A TIMELY BASIS TO OPINION LEADERS, POLICY MAKERS AND THE PUBLIC ABOUT THE BENEFITS PROVIDED BY ENERGY UTILITIES AND THE NATURAL GAS INDUSTRY ENCOURAGES THE IDENTIFICATION, DEVELOPMENT, DEMONSTRATION AND REGULATORY ACCEPTANCE OF END-USE TECHNOLOGIES THAT WILL ALLOW ENERGY EFFIC

Return Reference	Explanation
FORM 990, PART III, LINE 2	TEN AGA MEMBER COMPANIES PARTICIPATED IN AGA'S PEER-TO-PEER SAFETY REVIEW PILOT PROGRAM REVIEWS FOCUSED ON SAFETY MANAGEMENT SYSTEMS, RISK MANAGEMENT AND WORKER PROCEDURES THE SUCCESS OF THE PILOT PROGRAM LED TO THE FORMAL ESTABLISHMENT OF AN ONGOING PROGRAM IN SEPTEMBER 2014, AGA LAUNCHED A DOWNSTREAM NATURAL GAS INFORMATION SHARING AND ANALYSIS CENTER THIS DIGITAL PLATFORM FOR SHARING CYBER AND PHYSICAL THREAT INTELLIGENCE WILL HELP AGA MEMBERS SHARE AND ACCESS TIMELY, ACCURATE AND RELEVANT THREAT INFORMATION

Return Reference	Explanation
· ·	THE ASSOCIATION'S BY LAWS, UNDER ARTICLE VII, SECTION 2, PROVIDES THAT THE BOARD OF DIRECTORS MAY APPOINT AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS ELECTED BY THE ENTIRE BOARD AND MAY EXERCISE CERTAIN POWERS OF THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE IS GENERALLY COMPRISED OF THE BOARD OFFICERS AND NOT LESS THAT 7 OTHER MEMBERS OF THE BOARD AGA BOARD MEMBERS ARE EXECUTIVES OF AGA FULL MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION HAS FIVE CLASSES OF MEMBERS UNDER ARTICLE III OF ITS BY LAWS FULL MEMBERS INCLUDE UNITED STATES GAS DISTRIBUTION PUBLIC AND MUNICIPAL UTILITIES AND HAVE VOTING RIGHTS LIMITED, ASSOCIATES, INTERNATIONAL MEMBERS AND INTERNATIONAL AFFILIATES CAN PARTICIPATE ON CERTAIN COMMITTEES, TAKE ADVANTAGE OF EDUCATIONAL OPPORTUNITIES AND PARTICIPATE IN OTHER APPLICABLE ACTIVITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION AND FULL MEMBERS NOMINATE AND ELECT MEMBERS OF THE BOARD OF DIRECTORS (THE ASSOCIATION'S PRINCIPAL GOVERNING BODY) AT THE ASSOCIATION'S ANNUAL MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE ASSOCIATION MAKE CERTAIN DECISIONS, SUCH AS, THE ELECTION OF THE PRINCIPAL GOVERNING BODY (BOARD OF DIRECTORS) AS OUTLINED IN THE ORGANIZATION'S BY LAWS AT THE ANNUAL OR SPECIAL MEETINGS OF THE ASSOCIATION SPECIAL MEETINGS MAY BE CALLED BY THE MEMBERSHIP TO ADDRESS ANY ISSUES OR QUESTIONS THE ASSOCIATION'S GOVERNING BODIES ARE ACTIVE IN A NUMBER OF WAY'S THE ASSOCIATION MEMBERS ELECT A BOARD OF DIRECTORS (BOD) FROM THE MEMBERSHIP COMMITTEES RELATED TO FINANCIAL OVERSIGHT, COMPENSATION AND GOVERNANCE ARE ESTABLISHED BY THE BOD THESE INCLUDE THE EXECUTIVE COMMITTEE, BOARD FINANCE COMMITTEE, BOARD AUDIT COMMITTEE (CEOS, SOME OF WHOM HAVE A CPA DESIGNATION AND PUBLIC ACCOUNTING BACKGROUNDS) AND BOARD COMPENSATION COMMITTEE (BOD CHAIR, VICE CHAIR, 2ND VICE CHAIR, AND OTHER BOD MEMBERS USUALLY WITH LEADERSHIP ROLES IN THE ASSOCIATION) THE AUDIT COMMITTEE CHAIR IS A MEMBER OF THE BOARD OF DIRECTORS AND PROVIDES REGULAR REPORTS OF THE AUDIT COMMITTEE TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ASSOCIATION'S INTERNAL PROCESS FOR REVIEW OF TAX FORMS IS EXTENSIVE DUE TO THE COMPLEXITY OF THE RETURN, THE ASSOCIATION HAS HIRED ITS OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990 THE ASSOCIATION'S ACCOUNTING FIRM PROVIDES AN EXTENSIVE LIST OF REQUIRED INFORMATION THE ASSOCIATION'S CONTROLLER ACCUMULATES THE DATA AND FORWARDS TO THE OUTSIDE ACCOUNTING FIRM WHO DRAFTS THE FORM 990 A DRAFT OF THE FORM 990 IS THEN REVIEWED BY THE STAFF REVIEW GROUP (SRG) WHICH IS COMPRISED OF THE ASSOCIATION'S CHIEF FINANCIAL OFFICER, CONTROLLER, THE GENERAL COUNSEL AND OTHERS THE CONTROLLER ACCUMULATES ALL COMMENTS AND FORWARDS TO THE OUTSIDE ACCOUNTING FIRM TO BE INCORPORATED IN THE FINAL DRAFT OF THE FORM 990 THE FINAL DRAFT IS PROVIDED TO THE AUDIT COMMITTEE. THE CONTROLLER REVIEWS THE 990 WITH THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THE BOARD OF DIRECTORS THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS NEW EMPLOYEES REVIEW AND SIGN A STATEMENT OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT THE TIME OF HIRING ALL EMPLOYEES AND BOARD MEMBERS HAVE A CONTINUING DUTY TO REPORT ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE POLICY AND ANNUALLY SIGN A STATEMENT OF COMPLIANCE NEW BOARD MEMBERS (NBM'S) ATTEND A BOARD ORIENTATION SESSION WITH THE ORGANIZATION'S CHAIRMAN, PRESIDENT, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND OTHERS WHERE THE ASSOCIATION'S POLICIES ARE REVIEWED NBM'S MAKE A DECLARATION OF ANY POTENTIAL CONFLICT OF INTEREST ALL BOARD MEMBERS HAVE A CONTINUING DUTY TO REPORT ANY ACTUAL OR POTENTIAL CONFLICT THE POTENTIAL CONFLICTS FOR BOARD MEMBERS, OFFICERS, EMPLOYEES AND OTHERS ARE REVIEWED BY THE ASSOCIATION'S CEO, GENERAL COUNSEL, CFO AND HUMAN RESOURCES DIRECTOR AND A SCHEDULE IS PREPARED AND FURNISHED TO THE INDEPENDENT AUDITORS AND MADE AVAILABLE TO THE AGA AUDIT COMMITTEE MORE DETAIL IS PROVIDED IN THE POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS FIRST DISCUSSED BY THE BOARD COMPENSATION COMMITTEE WITH AN INDEPENDENT CONSULTING FIRM SPECIALIZING IN NON-PROFIT ORGANIZATIONS TO DETERMINE THE BOARD COMPENSATION COMMITTEE'S RECOMMENDATION TO THE BOARD OF DIRECTORS THE CHAIRMAN OF THE BOARD THEN PRESENTS THE RECOMMENDATIONS AND REASONS FOR THE CEO COMPENSATION ADJUSTMENT, IF ANY, FOR A VOTE BY THE FULL BOARD CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS, DECISIONS, AND BOARD OF DIRECTORS ACTION IS MAINTAINED IN THE HUMAN RESOURCE FILES AND MINUTES OF THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS MEETINGS THE ASSOCIATION USES A MULTIFACETED APPROACH TO DETERMINE COMPENSATION FOR ITS CEO, OFFICERS AND EMPLOYEES THIS INCLUDES ESTABLISHING WRITTEN POSITION DESCRIPTIONS, SALARY RANGES FOR POSITIONS, SETTING POSITION GOALS, PROVIDING WRITTEN PERFORMANCE EVALUATIONS, MEASUREMENT OF PERFORMANCE, QUARTERLY, SEMI-ANNUAL OR ANNUAL GOAL REVIEW, AND CONTEMPORANEOUS SUBSTANTIATIONS OF THE PROCESS THE ASSOCIATIONS CURRENT COMPENSATION POLICY DATED NOVEMBER 30, 2011 DESCRIBES THE PROCESS IN MORE DETAIL. THE ASSOCIATION ALSO RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO ADVISE THE BOARD COMPENSATION COMMITTEE AND OFFICERS COMPENSATION ADJUSTMENTS USUALLY ARE RECOMMENDED BY SUPERVISORS AND APPROVED BY MANAGERS, DIRECTORS AND/OR OFFICERS ADJUSTMENTS MUST ALSO BE APPROVED BY THE HUMAN RESOURCES DIRECTOR OFFICER'S INDIVIDUAL SALARY ADJUSTMENTS ARE RECOMMENDED TO THE BOARD COMPENSATION COMMITTEE BY THE CEO, MUST BE APPROVED BY THE BOARD COMPENSATION COMMITTEE AFTER REVIEW, AND REPORTED TO THE BOARD OF DIRECTORS

Т

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE INFORMATION AVAILABLE IN A NUMBER OF WAYS THE ORGANIZATION'S GOVERNING DOCUMENTS, OFFICERS, BOARD MEMBERS AND MEMBERS ARE AVAILABLE ON AGA'S WEBSITE (WWW AGA ORG) UNDER "ABOUT US" THE CONFLICT OF INTEREST STATEMENT IS ALSO AVAILABLE UNDER "ABOUT US" FINANCIAL STATEMENTS ARE PROVIDED TO THE ENTIRE BOARD AND OTHERS ON A QUARTERLY BASIS ANNUAL AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE ENTIRE MEMBERSHIP FINANCIAL, GOVERNANCE AND OTHER INFORMATION CAN ALSO BE OBTAINED FROM THE ASSOCIATION ELECTRONICALLY BY REQUEST UNDER "CONTACT US" ON THE WEBSITE OR BY MAIL

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	THE BOARD COMPENSATION COMMITTEE APPROVES ALL VICE PRESIDENTS SALARIES AND BONUSES THE BOARD OF DIRECTORS, BASED ON RECOMMENDATION FROM THE COMPENSATION COMMITTEE, APPROVES THE CEO'S COMPENSATION

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CREDIT CARD FEES 143,414 OUTSIDE SERVICES 3,510,848

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FAS 158 ADJUSTMENT -7,024,521

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN GAS ASSOCIATION

Employer identification number

13-0431590

ite it dentification of disregarded entitles Complete it the organization answered Tes On Form 990, Part IV, line 33.										
(a)	(b)	(c)	(d)	(e)	(f)					
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling					

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
` '	POLITICAL ACTION COMMITTEE	DC	527		N/A	Yes	

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated				ation ansv	vered "Ye	s" on	Form	990, Part I	.V, lin	ie 34	ŀ
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	•	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	ging	(k) Percentage ownership
				,			Yes	No		Yes	No	

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization	1	domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
	1	(state or foreign		corp,		assets		controlled	
	1	country)		or trust)				entity?	
								Yes	No
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34, 35b, or 36.
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- 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN GAS ASSOCIATION PAC	N	0	BELOW \$50K THRESHOLD
(2) AMERICAN GAS ASSOCIATION PAC	R	0	BELOW \$50K THRESHOLD

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	unrelated,	Are all partne section section frelated, organizations ax under		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
l	<u> </u>	1	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
							'		\square'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014